#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/Transaction Set Identifier Code	Transaction Set Header - ST01	271 - Eligibility, Coverage or Benefit Information	No Current Equivalent	271 - Eligibility, Coverage or Benefit Information
2	Beginning of Hierarchical Transaction/Hierarchical Structure Code		0022 - Information Source, Information Receiver, Subscriber, Dependent	No Current Equivalent	0022 - Information Source, Information Receiver, Subscriber, Dependent
3	Transaction/Transaction Set	Transaction Set Header - BHT02	11 - Response	No Current Equivalent	11 - Response
4	Information Source Level/Hierarchical Level Code	2000A - HL03	20 - Information Source	No Current Equivalent	20 - Information Source
5	Information Source Level/Hierarchical Child Code	2000A - HL04	No Subordinate HL Segment in This Hierarchical Structure. Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	O - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
6	Request Validation/Valid Request Indicator		N - No Y - Yes	No Current Equivalent	N - No Y - Yes
7	, ,	AAA03	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification	No Current Equivalent	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification
8			C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
9		NM101	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer	No Current Equivalent	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer
10		2100A -	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

Final DRAFT

#		Loop –			
	Code or Value Set (Element Name)	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
11	Information Source Name/Identification Code Qualifier	2100A - NM108	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification FI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
12	Information Source Additional Identification/Reference Identification Qualifier	2100A - REF01	18 - Plan Number 55 - Sequence Number	No Current Equivalent	18 - Plan Number 55 - Sequence Number
13		2100A - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
14		2100A - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
15		2100A - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
16		2100A - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone

Last Update 9/8/02

Page 2 of 2

Shaded areas are new additions from Addenda Oct 2001

#		Loop –	IIIDAA V.I. O.D	**************************************	
	Code or Value Set (Element Name)	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
17	Request Validation/Valid		N - No	No Current Equivalent	N - No
	Request Indicator	AAA01	Y - Yes	·	Y - Yes
18			04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time	No Current Equivalent	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time
			79 - Invalid Participant Identification		79 - Invalid Participant Identification
			80 - No Response received - Transaction Terminated		80 - No Response received - Transaction Terminated
			T4 - Payer Name or Identifier Missing		T4 - Payer Name or Identifier Missing
19		AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third
			Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly		Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
20	Information Receiver Level/Hierarchical Level Code	2000B - HL03	21 - Information Receiver	No Current Equivalent	21 - Information Receiver
21	Information Receiver Level/Hierarchical Child Code		No Subordinate HL Segment in This Hierarchical Structure. Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	O - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
22		2100B -	1P - Provider	No Current Equivalent	1P - Provider
			2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer		2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer
23		2100B -	1 - Person	No Current Equivalent	1 - Person
	Name/Entity Type Qualifier	NM102	2 - Non-Person Entity		2 - Non-Person Entity

#	Code or Value Set	Loop – Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
24					24 - Employer's Identification Number
			34 - Social Security Number		34 - Social Security Number
	Qualifier		FI - Federal Taxpayer's Identification		FI - Federal Taxpayer's Identification Number
			Number		PI - Payor Identification
			PI - Payor Identification		PP - Pharmacy Processor Number
			PP - Pharmacy Processor Number		SV - Service Provider Number
			SV - Service Provider Number		XV - Health Care Financing Administration
			XV - Health Care Financing Administration		National PlanID
			National PlanID		Required if the National PlanID is mandated for
			Required if the National PlanID is mandated		use. Otherwise, one of the other listed codes
			for use. Otherwise, one of the other listed		may be used.
			codes may be used.		XX - Health Care Financing Administration
			XX - Health Care Financing Administration		National Provider Identifier
			National Provider Identifier		Required value if the National Provider ID is
			Required value if the National Provider ID is		mandated for use. Otherwise, one of the other
			mandated for use. Otherwise, one of the		listed codes may be used.
			other listed codes may be used.	N. O	
25	Information Receiver Additional			No Current Equivalent	0B - State License Number
	Identification/Reference		1C - Medicare Provider Number		1C - Medicare Provider Number
	Identification Qualifier		1D - Medicaid Provider Number		1D - Medicaid Provider Number
			1J - Facility ID Number		1J - Facility ID Number
			4A - Personal Identification Number (PIN)		4A - Personal Identification Number (PIN)
			CT - Contract Number		CT - Contract Number
			EL - Electronic device pin number EO - Submitter Identification Number		EL - Electronic device pin number
					EO - Submitter Identification Number
			HPI - Health Care Financing Administration National Provider Identifier		HPI - Health Care Financing Administration National Provider Identifier
			JD - User Identification		JD - User Identification
			N5 - Provider Plan Network Identification		N5 - Provider Plan Network Identification
			Number		Number
			N7 - Facility Network Identification Number		N7 - Facility Network Identification Number
			Q4 - Prior Identifier Number		Q4 - Prior Identifier Number
			SY - Social Security Number		SY - Social Security Number
			TJ - Federal Taxpayer's Identification		TJ - Federal Taxpayer's Identification Number
			Number		10 - 1 ederal Taxpayer's Identification Number
26	Information Receiver Request	2100B -	N - No	No Current Equivalent	N - No
	· ·		Y - Yes	, i	Y - Yes
	Indicator .				

Final DRAFT

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	•	·	
27	(Element Name)	Element 2100B - AAA03	15 - Required application data missing 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification 44 - Invalid/Missing Provider Name 45 - Invalid/Missing Provider Specialty 46 - Invalid/Missing Provider Phone Number 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 50 - Provider Ineligible for Inquiries 51 - Provider Not on File 79 - Invalid Participant Identification 97 - Invalid or Missing Provider Address T4 - Payer Name or Identifier Missing	MEVS Messages: 0001 Recipient not found – insufficient data submitted 0002 Invalid Provider ID 0003 Invalid Begin Date of Service 0005 Invalid End Date of Service 0006 More than 3 Eligibility occurrences or 4 Enrollment occurrences were found 0008 Recipient was not found using the SSN 0009 More than one recipient was found using the SSN 0010 Recipient was not found using the AHCCCS ID 0011 Recipient was not found using the	15 - Required application data missing = 0001 Recipient not found – insufficient data submitted 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification = 0002 Same 44 - Invalid/Missing Provider Name
				report to AHCCCS at 1-888-487-6686 (Member Fraud) or 1-800-92-6690 (if after 5:00 PM)." 7246 ID Card is Invalid; Contact AHCCCS other System error	
28	Information Receiver Request			No Current Equivalent	C - Please Correct and Resubmit
		AAA04	N - Resubmission Not Allowed		N - Resubmission Not Allowed
	Code		R - Resubmission Allowed		R - Resubmission Allowed
			S - Do Not Resubmit; Inquiry Initiated to a		S - Do Not Resubmit; Inquiry Initiated to a Third
			Third Party		Party
			W - Please Wait 30 Days and Resubmit		W - Please Wait 30 Days and Resubmit
			X - Please Wait 10 Days and Resubmit		X - Please Wait 10 Days and Resubmit
			Y - Do Not Resubmit; We Will Hold Your		Y - Do Not Resubmit; We Will Hold Your
			Request and Respond Again Shortly		Request and Respond Again Shortly

Last Update 9/8/02 Page 5 of 5

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	·		
29	Subscriber Level/Hierarchical	2000C - HL03	22 - Subscriber	No Current Equivalent	22 - Subscriber
	Level Code				
30	Subscriber Level/Hierarchical	2000C - HL04	0 - No Subordinate HL Segment in This	No Current Equivalent	0 - No Subordinate HL Segment in This
	Child Code		Hierarchical Structure.		Hierarchical Structure.
			1 - Additional Subordinate HL Data		1 - Additional Subordinate HL Data Segment in
			Segment in This Hierarchical Structure.		This Hierarchical Structure.
31		2000C -	1 - Current Transaction Trace Numbers	No Current Equivalent	1 - Current Transaction Trace Numbers
	Number/Trace Type Code	TRN01	2 - Referenced Transaction Trace		2 - Referenced Transaction Trace Numbers
			Numbers		
32		2100C -	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
		NM101			
33	, , , ,	2100C -	1 - Person	No Current Equivalent	1 - Person
0.4		NM102	NA NA L LL CC C NL L	N 0	NAL NA. 1 11 CC C NI 1
34	Subscriber Name/Identification Code Qualifier		MI - Member Identification Number	No Current Equivalent	MI - Member Identification Number
25			ZZ - Mutually Defined 18 - Plan Number	No Compart Facility along	ZZ - Mutually Defined 18 - Plan Number
35	Subscriber Additional Identification/Reference			No Current Equivalent	1L - Group or Policy Number
	Identification/Reference		1L - Group or Policy Number 1W - Member Identification Number		1W - Member Identification Number
	identification Qualifier		3H - Case Number		3H - Case Number
			49 - Family Unit Number		49 - Family Unit Number
			6P - Group Number		6P - Group Number
			A6 - Employee Identification Number		A6 - Employee Identification Number
			EA - Medical Record Identification Number		EA - Medical Record Identification Number
			EJ - Patient Account Number		EJ - Patient Account Number
			F6 - Health Insurance Claim (HIC) Number		F6 - Health Insurance Claim (HIC) Number
			GH - Identification Card Serial Number		GH - Identification Card Serial Number
			HJ - Identity Card Number		HJ - Identity Card Number
			IF - Issue Number		IF - Issue Number
			IG - Insurance Policy Number		IG - Insurance Policy Number
			ML - Military Rank/Civilian Pay Grade		ML - Military Rank/Civilian Pay Grade Number
			Number		N6 - Plan Network Identification Number
			N6 - Plan Network Identification Number		NQ - Medicaid Recipient Identification Number
			NQ - Medicaid Recipient Identification		Q4 - Prior Identifier Number
			Number Q4 - Prior Identifier Number		SY - Social Security Number
			SY - Social Security Number		
36	Subscriber City/State/ZIP		CY - County/Parish	No Current Equivalent	CY - County/Parish
30	Code/Location Qualifier		FI - Federal Information Processing	INO CUITETIL EQUIVAIETIL	FI - Federal Information Processing Standards
	Code/Location Qualiner		Standards (FIPS) 55 (Named Populated		(FIPS) 55 (Named Populated Places)
			Places)		(1 11 0) 00 (Named 1 opulated 1 laces)
L	I .	ı	j	1	

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
37	Subscriber Contact Information/Contact Function Code	2100C - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
38	Subscriber Contact Information/Communication Number Qualifier		HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	HP - Home Phone Number TE - Telephone WP - Work Phone Number
39	Subscriber Contact Information/Communication Number Qualifier		EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number
40	Subscriber Contact Information/Communication Number Qualifier		EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number
41	Subscriber Request Validation/Valid Request Indicator		N - No Y - Yes	No Current Equivalent	N - No Y - Yes

1	#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
422	2	(Element Name)	Segment - Element 2100C -	15 - Required application data missing 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 67 - Patient Not Found 68 - Duplicate Patient ID Number 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID	MEVS Messages: 0001 Recipient not found – insufficient data submitted 0002 Invalid Provider ID 0003 Invalid Begin Date of Service 0005 Invalid End Date of Service 0006 More than 3 Eligibility occurrences or 4 Enrollment occurrences were found 0008 Recipient was not found using the SSN 0009 More than one recipient was found using the SSN 0010 Recipient was not found using the AHCCCS ID 0011 Recipient was not found using the Last Name, First Name, Date of Birth, and Gender 0012 More than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0013 More than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0011 Wore than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0013 the AHCCCS ID entered is for a secondary record; the correct AHCCCS ID has been returned. 0021 "Verify the identity of the recipient with a separate photo ID. If ID does not match the name on the AHCCCS ID, then report to AHCCCS at 1-888-487-6686 (Member Fraud) or 1-800-92-6690 (if after 5:00 PM)." 7246 ID Card is Invalid; Contact AHCCCS other System error	15 - Required application data missing = 0001 Recipient not found – insufficient data submitted 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification = 0002 Same 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service = 0003 and 0005 Invalid Begin and End Date of Service 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code
Lá	ast	Update 9/8/02		78 - Subscriber/Insured Not in Group/Plan Identified Page 8 of 8	Shaded	Recipient was not found using the SSN and 0010 Recipient was not found using the AHCCCS ID 76 - Duplicate Subscriber/Insured ID Number 77 - Subscriber Found, Patient Not Found 178 - Subscriber/Insured Not in Group/Plan

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
43	·	AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
44	0 1		D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
45	Subscriber Demographic Information/Subscriber Gender Code	DMG03	F - Female M - Male U - Unknown	F Female M Male	F - Female M - Male U - Unknown
46	Subscriber Relationship/Insured Indicator	2100C - INS01	Y - Yes	No Current Equivalent	Y - Yes
47	Subscriber Relationship/Individual Relationship Code	2100C - INS02	18 - Self	No Current Equivalent	18 - Self
48	Subscriber Relationship/Maintenance Type Code	2100C - INS03	001 - Change	No Current Equivalent	001 - Change
49	Subscriber Relationship/Maintenance Reason Code	2100C - INS04	25 - Change in Identifying Data Elements	No Current Equivalent	25 - Change in Identifying Data Elements
50	Subscriber Relationship/Student Status Code		F - Full-time N - Not a Student P - Part-time	No Current Equivalent	F - Full-time N - Not a Student P - Part-time
51	Subscriber Relationship/Handicap Indicator	2100C - INS10	N - No Y - Yes	No Current Equivalent	N - No Y - Yes

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
52	Subscriber Date/Date Time Qualifier		102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 356 - Eligibility Begin 357 - Eligibility End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update	No Current Equivalent	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 356 - Eligibility Begin 357 - Eligibility End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update
53	Subscriber Date/Date Time Period Format Qualifier	2100C - DTP02I	771 - Status D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	771 - Status D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element		·	•
54	Subscriber Eligibility or Benefit	2110C - EB01	1 - Active Coverage	No Current Equivalent	1 - Active Coverage
	Information/Eligibility or Benefit		2 - Active - Full Risk Capitation		2 - Active - Full Risk Capitation
	Information		3 - Active - Services Capitated		3 - Active - Services Capitated
			4 - Active - Services Capitated to Primary		4 - Active - Services Capitated to Primary Care
			Care Physician		Physician
			5 - Active - Pending Investigation		5 - Active - Pending Investigation
			6 - Inactive		6 - Inactive
			7 - Inactive - Pending Eligibility Update		7 - Inactive - Pending Eligibility Update
			8 - Inactive - Pending Investigation		8 - Inactive - Pending Investigation
			A - Co-Insurance		A - Co-Insurance
			B - Co-Payment		B - Co-Payment
			C - Deductible		C - Deductible
			CB - Coverage Basis		CB - Coverage Basis
			D - Benefit Description		D - Benefit Description
			E - Exclusions		E - Exclusions
			F - Limitations		F - Limitations
			G - Out of Pocket (Stop Loss)		G - Out of Pocket (Stop Loss)
			H - Unlimited		H - Unlimited
			I - Non-Covered		I - Non-Covered
			J - Cost Containment		J - Cost Containment
			K - Reserve		K - Reserve
			L - Primary Care Provider		L - Primary Care Provider
			M - Pre-existing Condition		M - Pre-existing Condition
			MC - Managed Care Coordinator		MC - Managed Care Coordinator
			N - Services Restricted to Following		N - Services Restricted to Following Provider
			Provider		O - Not Deemed a Medical Necessity
			O - Not Deemed a Medical Necessity		P - Benefit Disclaimer
			P - Benefit Disclaimer		Q - Second Surgical Opinion Required
			Q - Second Surgical Opinion Required		R - Other or Additional Payor
			R - Other or Additional Payor		S - Prior Year(s) History
			S - Prior Year(s) History		T - Card(s) Reported Lost/Stolen
			T - Card(s) Reported Lost/Stolen		U - Contact Following Entity for Eligibility or
			U - Contact Following Entity for Eligibility or		Benefit Information
			Benefit Information		V - Cannot Process
			V - Cannot Process		W - Other Source of Data
			W - Other Source of Data		X - Health Care Facility
			X - Health Care Facility		Y - Spend Down
			Y - Spend Down		

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
55	Subscriber Eligibility or Benefit	2110C - EB02	CHD - Children Only	No Current Equivalent	CHD - Children Only
	Information/Benefit Coverage		DEP - Dependents Only		DEP - Dependents Only
	Level Code		ECH - Employee and Children		ECH - Employee and Children
			EMP - Employee Only		EMP - Employee Only
			ESP - Employee and Spouse		ESP - Employee and Spouse
			FAM - Family		FAM - Family
			IND - Individual		IND - Individual
			SPC - Spouse and Children		SPC - Spouse and Children
			SPO - Spouse Only		SPO - Spouse Only

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
6	Subscriber Eligibility or Benefit		1 - Medical Care	No Current Equivalent	1 - Medical Care
	Information/Service Type Code		10 - Blood Charges		10 - Blood Charges
			11 - Used Durable Medical Equipment		11 - Used Durable Medical Equipment
			12 - Durable Medical Equipment Purchase		12 - Durable Medical Equipment Purchase
			13 - Ambulatory Service Center Facility		13 - Ambulatory Service Center Facility
			14 - Renal Supplies in the Home		14 - Renal Supplies in the Home
			15 - Alternate Method Dialysis		15 - Alternate Method Dialysis
			16 - Chronic Renal Disease (CRD)		16 - Chronic Renal Disease (CRD) Equipment
			Equipment		17 - Pre-Admission Testing
			17 - Pre-Admission Testing		18 - Durable Medical Equipment Rental
			18 - Durable Medical Equipment Rental		19 - Pneumonia Vaccine
			19 - Pneumonia Vaccine		2 - Surgical
			2 - Surgical		20 - Second Surgical Opinion
			20 - Second Surgical Opinion		21 - Third Surgical Opinion
			21 - Third Surgical Opinion		22 - Social Work
			22 - Social Work		23 - Diagnostic Dental
			23 - Diagnostic Dental		24 - Periodontics
			24 - Periodontics		25 - Restorative
			25 - Restorative		26 - Endodontics
			26 - Endodontics		27 - Maxillofacial Prosthetics
			27 - Maxillofacial Prosthetics		28 - Adjunctive Dental Services
			28 - Adjunctive Dental Services		3 - Consultation
			3 - Consultation		30 - Health Benefit Plan Coverage
			30 - Health Benefit Plan Coverage		32 - Plan Waiting Period
			32 - Plan Waiting Period		33 - Chiropractic
			33 - Chiropractic		34 - Chiropractic Office Visits
			34 - Chiropractic Office Visits		35 - Dental Care
			35 - Dental Care		36 - Dental Crowns
			36 - Dental Crowns		37 - Dental Accident
			37 - Dental Accident		38 - Orthodontics
			38 - Orthodontics		39 - Prosthodontics
			39 - Prosthodontics		4 - Diagnostic X-Ray
			4 - Diagnostic X-Ray		40 - Oral Surgery
			40 - Oral Surgery		41 - Routine (Preventive) Dental
			41 - Routine (Preventive) Dental		42 - Home Health Care
			42 - Home Health Care		43 - Home Health Prescriptions
			43 - Home Health Prescriptions		44 - Home Health Visits
			44 - Home Health Visits		45 - Hospice
			45 - Hospice		46 - Respite Care
			46 - Respite Care		47 - Hospital
			47 - Hospital		48 - Hospital - Inpatient
as	t Update 9/8/02		48 - Hospital - Inpatient Page 13 of 13 49 - Hospital - Room and Board	Shadeo	49 - Hospital - Room and Board Jareas are new additions from Addenda Oct 5 - Diagnostic Lab
			1		
			5 - Diagnostic Lab		50 - Hospital - Outpatient

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	•	· ·	5
7	Subscriber Eligibility or Benefit	2110C - EB03	Cont'd	No Current Equivalent	Cont'd
	Information/Service Type Code	Cont'd		·	
			54 - Long Term Care		54 - Long Term Care
			55 - Major Medical		55 - Major Medical
			56 - Medically Related Transportation		56 - Medically Related Transportation
			57 - Air Transportation		57 - Air Transportation
			58 - Cabulance		58 - Cabulance
			59 - Licensed Ambulance		59 - Licensed Ambulance
			6 - Radiation Therapy		6 - Radiation Therapy
			60 - General Benefits		60 - General Benefits
			61 - In-vitro Fertilization		61 - In-vitro Fertilization
			62 - MRI/CAT Scan		62 - MRI/CAT Scan
			63 - Donor Procedures		63 - Donor Procedures
			64 - Acupuncture		64 - Acupuncture
			65 - Newborn Care		65 - Newborn Care
			66 - Pathology		66 - Pathology
			67 - Smoking Cessation		67 - Smoking Cessation
			68 - Well Baby Care		68 - Well Baby Care
			69 - Maternity		69 - Maternity
			7 - Anesthesia		7 - Anesthesia
			70 - Transplants		70 - Transplants
			71 - Audiology Exam		71 - Audiology Exam
			72 - Inhalation Therapy		72 - Inhalation Therapy
			73 - Diagnostic Medical		73 - Diagnostic Medical
			74 - Private Duty Nursing		74 - Private Duty Nursing
			75 - Prosthetic Device		75 - Prosthetic Device
			76 - Dialysis		76 - Dialysis
			77 - Otological Exam		77 - Otological Exam
			78 - Chemotherapy		78 - Chemotherapy
			79 - Allergy Testing		79 - Allergy Testing
			8 - Surgical Assistance		8 - Surgical Assistance
			80 - Immunizations		80 - Immunizations
			81 - Routine Physical		81 - Routine Physical
			82 - Family Planning		82 - Family Planning
			_ =		83 - Infertility
			83 - Infertility 84 - Abortion		84 - Abortion
			85 - AIDS		85 - AIDS
			86 - Emergency Services		86 - Emergency Services
			87 - Cancer		87 - Cancer
			88 - Pharmacy		88 - Pharmacy
			89 - Free Standing Prescription Drug		89 - Free Standing Prescription Drug
35	Update 9/8/02		9 - Other Medical Page 120f 12 90 - Mail Order Prescription Drug	Shade	9 - Other Medical ed areas are ne'v rescription from Addenda Oct 2 90 - Mail Order Prescription from Addenda Oct 2
ر ـ]			Citadi	
			91 - Brand Name Prescription Drug		91 - Brand Name Prescription Drug

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
8	Subscriber Eligibility or Benefit	2110C - EB03	Cont'd	No Current Equivalent	Cont'd
	Information/Service Type Code	Cont'd			
			93 - Podiatry		93 - Podiatry
			94 - Podiatry - Office Visits		94 - Podiatry - Office Visits
			95 - Podiatry - Nursing Home Visits		95 - Podiatry - Nursing Home Visits
			96 - Professional (Physician)		96 - Professional (Physician)
			97 - Anesthesiologist		97 - Anesthesiologist
			98 - Professional (Physician) Visit - Office		98 - Professional (Physician) Visit - Office
			99 - Professional (Physician) Visit -		99 - Professional (Physician) Visit - Inpatient
			Inpatient		A0 - Professional (Physician) Visit - Outpatient
			A0 - Professional (Physician) Visit -		A1 - Professional (Physician) Visit - Nursing
			Outpatient		Home
			A1 - Professional (Physician) Visit -		A2 - Professional (Physician) Visit - Skilled
			Nursing Home		Nursing Facility
			A2 - Professional (Physician) Visit - Skilled		A3 - Professional (Physician) Visit - Home
			Nursing Facility		A4 - Psychiatric
			A3 - Professional (Physician) Visit - Home		A5 - Psychiatric - Room and Board
			A4 - Psychiatric		A6 - Psychotherapy
			A5 - Psychiatric - Room and Board		A7 - Psychiatric - Inpatient
			A6 - Psychotherapy		A8 - Psychiatric - Outpatient
			A7 - Psychiatric - Inpatient		A9 - Rehabilitation
			A8 - Psychiatric - Outpatient		AA - Rehabilitation - Room and Board
			A9 - Rehabilitation		AB - Rehabilitation - Inpatient
			AA - Rehabilitation - Room and Board		AC - Rehabilitation - Outpatient
			AB - Rehabilitation - Inpatient		AD - Occupational Therapy
			AC - Rehabilitation - Outpatient		AE - Physical Medicine
			AD - Occupational Therapy		AF - Speech Therapy
			AE - Physical Medicine		AG - Skilled Nursing Care
			AF - Speech Therapy		AH - Skilled Nursing Care - Room and Board
			AG - Skilled Nursing Care		AI - Substance Abuse
			AH - Skilled Nursing Care - Room and		AJ - Alcoholism
			Board		AK - Drug Addiction
			AI - Substance Abuse		AL - Vision (Optometry)
			AJ - Alcoholism		AM - Frames
			AK - Drug Addiction		AN - Routine Exam
			AL - Vision (Optometry)		AO - Lenses
			AM - Frames		AQ - Nonmedically Necessary Physical
			AN - Routine Exam		AR - Experimental Drug Therapy
			AO - Lenses		BA - Independent Medical Evaluation
			AQ - Nonmedically Necessary Physical		BB - Partial Hospitalization (Psychiatric)
			AR - Experimental Drug Therapy		BC - Day Care (Psychiatric)
	111 1 2 2 2 2 2 2			<u>.</u>	
.as	t Update 9/8/02		BA - Independent Medical Evaluation Page 15 of 15 BB - Partial Hospitalization (Psychiatric)	Shadeo	BD - Cognitive Therapy Lareas are new additions from Addenda Oct BE - Massage Therapy
			BC - Day Care (Psychiatric)		BF - Pulmonary Rehabilitation

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
59	Subscriber Eligibility or Benefit	2110C - EB03	Cont'd	No Current Equivalent	Cont'd
	Information/Service Type Code	Cont'd			
			BH - Pediatric		BH - Pediatric
			BI - Nursery		BI - Nursery
			BJ - Skin		BJ - Skin
			BK - Orthopedic		BK - Orthopedic
			BL - Cardiac		BL - Cardiac
			BM - Lymphatic		BM - Lymphatic
			BN - Gastrointestinal		BN - Gastrointestinal
			BP - Endocrine		BP - Endocrine
			BQ - Neurology		BQ - Neurology
			BR - Eye		BR - Eye
			BS - Invasive Procedures		BS - Invasive Procedures

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
60		2110C - EB04	12 - Medicare Secondary Working Aged	No Current Equivalent	12 - Medicare Secondary Working Aged
	Information/Insurance Type		Beneficiary or Spouse with Employer		Beneficiary or Spouse with Employer Group
	Code		Group		Health Plan
			Health Plan		13 - Medicare Secondary End-Stage Renal
			13 - Medicare Secondary End-Stage Renal		Disease Beneficiary in the 12 month
			Disease Beneficiary in the 12 month		coordination period with an employer's group
			coordination period with an employer's		health plan
			group health plan		14 - Medicare Secondary, No-fault Insurance
			14 - Medicare Secondary, No-fault		including Auto is Primary
			Insurance including Auto is Primary		15 - Medicare Secondary Worker's
			15 - Medicare Secondary Worker's		Compensation
			Compensation		16 - Medicare Secondary Public Health Service
			16 - Medicare Secondary Public Health		(PHS) or Other Federal Agency
			Service (PHS) or Other Federal Agency		41 - Medicare Secondary Black Lung
			41 - Medicare Secondary Black Lung		42 - Medicare Secondary Veteran's
			42 - Medicare Secondary Veteran's		Administration
			Administration		43 - Medicare Secondary Disabled Beneficiary
			43 - Medicare Secondary Disabled		Under Age 65 with Large Group Health Plan
			Beneficiary Under Age 65 with Large		(LGHP)
			Group Health Plan (LGHP)		47 - Medicare Secondary, Other Liability
			47 - Medicare Secondary, Other Liability		Insurance is Primary
			Insurance is Primary		AP - Auto Insurance Policy
			AP - Auto Insurance Policy		C1 - Commercial
			C1 - Commercial		CO - Consolidated Omnibus Budget
			CO - Consolidated Omnibus Budget		Reconciliation Act (COBRA)
			Reconciliation Act (COBRA)		CP - Medicare Conditionally Primary
			CP - Medicare Conditionally Primary		D - Disability
			D - Disability		DB - Disability DB - Disability Benefits
			DB - Disability Benefits		EP - Exclusive Provider Organization
			EP - Exclusive Provider Organization		FF - Family or Friends
			=		
			FF - Family or Friends		GP - Group Policy
			GP - Group Policy		HM - Health Maintenance Organization (HMO)
			HM - Health Maintenance Organization		HN - Health Maintenance Organization (HMO) -
			(HMO)		Medicare Risk
			HN - Health Maintenance Organization		HS - Special Low Income Medicare Beneficiary
			(HMO) - Medicare Risk		IN - Indemnity
			HS - Special Low Income Medicare		IP - Individual Policy
			Beneficiary		LC - Long Term Care
			IN - Indemnity		LD - Long Term Policy
			IP - Individual Policy		LI - Life Insurance
			LC - Long Term Care		LT - Litigation
20	t Update 9/8/02		LD - Long Term Policy Page 17 of 17 LI - Life Insurance	Shadad	areas are new additions from Addenda Oc
_a	0 Page 3/0/02			Shaded	areas are new additions from Addenda Ge
			LT - Litigation		

Final DRAFT

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	·	·	•
61	Subscriber Eligibility or Benefit	2110C - EB04	Cont'd	No Current Equivalent	Cont'd
		cont'd		·	
	Code		MA - Medicare Part A		MA - Medicare Part A
			MB - Medicare Part B		MB - Medicare Part B
			MC - Medicaid		MC - Medicaid
			MH - Medigap Part A		MH - Medigap Part A
			MI - Medigap Part B		MI - Medigap Part B
			MP - Medicare Primary		MP - Medicare Primary
			OT - Other		OT - Other
			PE - Property Insurance - Personal		PE - Property Insurance - Personal
			PL - Personal		PL - Personal
			PP - Personal Payment (Cash - No		PP - Personal Payment (Cash - No Insurance)
			Insurance)		PR - Preferred Provider Organization (PPO)
			PR - Preferred Provider Organization (PPO)		PS - Point of Service (POS)
			PS - Point of Service (POS)		QM - Qualified Medicare Beneficiary
			QM - Qualified Medicare Beneficiary		RP - Property Insurance - Real
			RP - Property Insurance - Real		SP - Supplemental Policy
			SP - Supplemental Policy		TF - Tax Equity Fiscal Responsibility Act
			TF - Tax Equity Fiscal Responsibility Act		(TEFRA)
			(TEFRA)		WC - Workers Compensation
			WC - Workers Compensation		WU - Wrap Up Policy
			WU - Wrap Up Policy		
62	Subscriber Eligibility or Benefit	2110C - EB06		No Current Equivalent	13 - 24 Hours
	Information/Time Period		21 - Years		21 - Years
	Qualifier		22 - Service Year		22 - Service Year
			23 - Calendar Year		23 - Calendar Year
			24 - Year to Date		24 - Year to Date
			25 - Contract		25 - Contract
			26 - Episode		26 - Episode
			27 - Visit 28 - Outlier		27 - Visit 28 - Outlier
			29 - Remaining 30 - Exceeded		29 - Remaining 30 - Exceeded
			30 - Exceeded 31 - Not Exceeded		30 - Exceeded 31 - Not Exceeded
			32 - Lifetime		32 - Lifetime
			33 - Lifetime Remaining		33 - Lifetime Remaining
			34 - Month		34 - Month
			35 - Week		35 - Week
			36 - Admission		36 - Admission
			6 - Hour		6 - Hour
			7 - Day		7 - Day
		<u> </u>	ı - Day		ı - Day

Last Update 9/8/02

Page 18 of 18

Shaded areas are new additions from Addenda Oct 2001

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
63	Subscriber Eligibility or Benefit Information/Quantity Qualifier		99 - Quantity Used CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits YY - Years		99 - Quantity Used CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits YY - Years
64	Subscriber Eligibility or Benefit Information/Authorization or Certification Indicator	2110C - EB11	N - No U - Unknown Y - Yes	No Current Equivalent	N - No U - Unknown Y - Yes
65	Subscriber Eligibility or Benefit Information/In Plan Network Indicator	2110C - EB12	N - No U - Unknown Y - Yes	No Current Equivalent	N - No U - Unknown Y - Yes

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
66			AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV - Home Infusion EDI Coalition (HIEC) Product/Service Code. This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List N4 - National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ - Mutually Defined	No Current Equivalent	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV - Home Infusion EDI Coalition (HIEC) N4 - National Drug Code in 5-4-2 Format ZZ - Mutually Defined
67	Health Care Services Delivery/Quantity Qualifier	2110C - HSD01	·	No Current Equivalent	DY - Days FL - Units HS - Hours MN - Month VS - Visits
68	Health Care Services Delivery/Unit or Basis for Measurement Code	2110C - HSD03	DA - Days MO - Months VS - Visit WK - Week YR - Years	No Current Equivalent	DA - Days MO - Months VS - Visit WK - Week YR - Years

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
69	Health Care Services	2110C -	21 - Years	No Current Equivalent	21 - Years
	Delivery/Time Period Qualifier	HSD05	22 - Service Year		22 - Service Year
			23 - Calendar Year		23 - Calendar Year
			24 - Year to Date		24 - Year to Date
			25 - Contract		25 - Contract
			26 - Episode		26 - Episode
			27 - Visit		27 - Visit
			28 - Outlier		28 - Outlier
			29 - Remaining		29 - Remaining
			30 - Exceeded		30 - Exceeded
			31 - Not Exceeded		31 - Not Exceeded
			32 - Lifetime		32 - Lifetime
			33 - Lifetime Remaining		33 - Lifetime Remaining
			34 - Month		34 - Month
			35 - Week		35 - Week
			6 - Hour		6 - Hour
			7 - Day		7 - Day

#		Loop –			
	Code or Value Set (Element Name)	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
70	Health Care Services	2110C -	1 - 1st Week of the Month	No Current Equivalent	1 - 1st Week of the Month
	Delivery/Delivery Frequency	HSD07	2 - 2nd Week of the Month		2 - 2nd Week of the Month
	Code		3 - 3rd Week of the Month		3 - 3rd Week of the Month
			4 - 4th Week of the Month		4 - 4th Week of the Month
			5 - 5th Week of the Month		5 - 5th Week of the Month
			6 - 1st & 3rd Weeks of the Month		6 - 1st & 3rd Weeks of the Month
			7 - 2nd & 4th Weeks of the Month		7 - 2nd & 4th Weeks of the Month
			8 - 1st Working Day of Period		8 - 1st Working Day of Period
			9 - Last Working Day of Period		9 - Last Working Day of Period
			A - Monday through Friday		A - Monday through Friday
			B - Monday through Saturday		B - Monday through Saturday
			C - Monday through Sunday		C - Monday through Sunday
			D - Monday		D - Monday
			E - Tuesday		E - Tuesday
			F - Wednesday		F - Wednesday
			G - Thursday		G - Thursday
			H - Friday		H - Friday
			J - Saturday		J - Saturday
			K - Sunday		K - Sunday
			L - Monday through Thursday		L - Monday through Thursday
			M - Immediately		M - Immediately
			N - As Directed		N - As Directed
			O - Daily Mon. through Fri.		O - Daily Mon. through Fri.
			P - 1/2 Mon. & 1/2 Thurs.		P - 1/2 Mon. & 1/2 Thurs.
			Q - 1/2 Tues. & 1/2 Thurs.		Q - 1/2 Tues. & 1/2 Thurs.
			R - 1/2 Wed. & 1/2 Fri.		R - 1/2 Wed. & 1/2 Fri.
			S - Once Anytime Mon. through Fri.		S - Once Anytime Mon. through Fri.
			SG - Tuesday through Friday		SG - Tuesday through Friday
			SL - Monday, Tuesday and Thursday		SL - Monday, Tuesday and Thursday
			SP - Monday, Tuesday and Friday		SP - Monday, Tuesday and Friday
			SX - Wednesday and Thursday		SX - Wednesday and Thursday
			SY - Monday, Wednesday and Thursday		SY - Monday, Wednesday and Thursday
			SZ - Tuesday, Thursday and Friday		SZ - Tuesday, Thursday and Friday
			T - 1/2 Tue. & 1/2 Fri.		T - 1/2 Tue. & 1/2 Fri.
			U - 1/2 Mon. & 1/2 Wed.		U - 1/2 Mon. & 1/2 Wed.
			V - 1/3 Mon., 1/3 Wed., 1/3 Fri.		V - 1/3 Mon., 1/3 Wed., 1/3 Fri.
			W - Whenever Necessary		W - Whenever Necessary
			X - 1/2 By Wed., Bal. By Fri.		X - 1/2 By Wed., Bal. By Fri.
			Y - None (Also Used to Cancel or Override		Y - None (Also Used to Cancel or Override a
			a Previous Pattern)		Previous Pattern)

#	Code or Value Set	Loop – Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
71			` ,	No Current Equivalent	A - 1st Shift (Normal Working Hours)
	Delivery/Delivery Pattern Time	HSD08	B - 2nd Shift		B - 2nd Shift
	Code		C - 3rd Shift		C - 3rd Shift
			D - A.M.		D - A.M.
			E - P.M.		E - P.M.
			F - As Directed		F - As Directed
			G - Any Shift		G - Any Shift
			Y - None (Also Used to Cancel or Override		Y - None (Also Used to Cancel or Override a
			a Previous Pattern)		Previous Pattern)
72		2110C - REF01		No Current Equivalent	18 - Plan Number
	Identification/Reference		1L - Group or Policy Number		1L - Group or Policy Number
	Identification Qualifier		1W - Member Identification Number		1W - Member Identification Number
			49 - Family Unit Number		49 - Family Unit Number
			6P - Group Number		6P - Group Number
			9F - Referral Number		9F - Referral Number
			A6 - Employee Identification Number		A6 - Employee Identification Number
			F6 - Health Insurance Claim (HIC) Number		F6 - Health Insurance Claim (HIC) Number
			G1 - Prior Authorization Number		G1 - Prior Authorization Number
			IG - Insurance Policy Number		IG - Insurance Policy Number
			N6 - Plan Network Identification Number		N6 - Plan Network Identification Number
			NQ - Medicaid Recipient Identification		NQ - Medicaid Recipient Identification Number
			Number		
73	9 7	2110C - DTP01		No Current Equivalent	193 - Period Start
	Date/Date Time Qualifier		194 - Period End		194 - Period End
			198 - Completion		198 - Completion
			290 - Coordination of Benefits		290 - Coordination of Benefits
			292 - Benefit		292 - Benefit
			295 - Primary Care Provider		295 - Primary Care Provider
			304 - Latest Visit or Consultation		304 - Latest Visit or Consultation
			307 - Eligibility		307 - Eligibility
			318 - Added		318 - Added
			348 - Benefit Begin		348 - Benefit Begin
			349 - Benefit End		349 - Benefit End
			356 - Eligibility Begin		356 - Eligibility Begin
			357 - Eligibility End		357 - Eligibility End
			435 - Admission		435 - Admission
			472 - Service		472 - Service
			636 - Date of Last Update		636 - Date of Last Update

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
74	(Element Name) Subscriber Eligibility/Benefit	Element	D8 - Date Expressed in Format	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
/4	Date/Date Time Period Format		CCYYMMDD	INO Current Equivalent	RD8 - Range of Dates Expressed in Format
	Qualifier		RD8 - Range of Dates Expressed in Format		CCYYMMDD-CCYYMMDD
	Qualifor		CCYYMMDD-CCYYMMDD		
75	Subscriber Request			No Current Equivalent	N - No
	Validation/Valid Request	AAA01	Y - Yes		Y - Yes
	Indicator				
76				MEVS Messages:	15 - Required application data missing =
	Validation/Reject Reason Code		52 - Service Dates Not Within Provider Plan		0001 Recipient not found – insufficient
				0001 Recipient not found – insufficient	data submitted
				data submitted	52 - Service Dates Not Within Provider Plan
			Provider Type	0002 Invalid Provider ID	Enrollment
			54 - Inappropriate Product/Service ID Qualifier	_	53 - Inquired Benefit Inconsistent with Provider
					Type 54 - Inappropriate Product/Service ID Qualifier
			• • •	4 Enrollment occurrences were found	55 - Inappropriate Product/Service ID Qualifier
					56 - Inappropriate Date
					57 - Invalid/Missing Date(s) of Service =
					0003 and 0005 Invalid Begin and End Date
				using the SSN	of Service
			Service	0010 Recipient was not found using the	60 - Date of Birth Follows Date(s) of Service
			62 - Date of Service Not Within Allowable	AHCCCS ID	61 - Date of Death Precedes Date(s) of
			Inquiry Period	0011 Recipient was not found using the	Service
			63 - Date of Service in Future		62 - Date of Service Not Within Allowable
			3	Gender	Inquiry Period
					63 - Date of Service in Future
					69 - Inconsistent with Patient's Age
				Birth, and Gender	70 - Inconsistent with Patient's Gender
				0013 the AHCCCS ID entered is for a	
				secondary record; the correct AHCCCS ID has been returned.	
				0021 "Verify the identity of the recipient	
				with a separate photo ID. If ID does not	
				match the name on the AHCCCS ID, then	
				report to AHCCCS at 1-888-487-6686	
				(Member Fraud) or 1-800-92-6690 (if after	
				5:00 PM)."	
				7246 ID Card is Invalid; Contact AHCCCS	
				other System error	

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
77		AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
78	Subscriber Eligibility or Benefit Additional Information/Code List Qualifier Code		BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	No Current Equivalent	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined
79		2120C - NM101	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization	No Current Equivalent	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization
80		2120C - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
81	Subscriber Benefit Related Entity Name/Identification Code Qualifier	NM108	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number MI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ - Mutually Defined	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification FI - Payor Identification FI - Payor Identification FI - Pharmacy Processor Number SV - Service Provider Number SV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ - Mutually Defined
82	Subscriber Benefit Related City/State/ZIP Code/Location Qualifier	2120C - N405	RJ - Region	No Current Equivalent	RJ - Region
83	Subscriber Benefit Related Entity Contact Information/Contact Function Code	2120C - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
84	Subscriber Benefit Related Entity Contact Information/Communication Number Qualifier		ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
85	Subscriber Benefit Related	2120C - PER05	ED - Electronic Data Interchange Access	No Current Equivalent	ED - Electronic Data Interchange Access
	Entity Contact		Number		Number
	Information/Communication		EM - Electronic Mail		EM - Electronic Mail
	Number Qualifier		EX - Telephone Extension		EX - Telephone Extension
			FX - Facsimile		FX - Facsimile
			TE - Telephone		TE - Telephone
			WP - Work Phone Number		WP - Work Phone Number
86	Subscriber Benefit Related	2120C - PER07	ED - Electronic Data Interchange Access	No Current Equivalent	ED - Electronic Data Interchange Access
	Entity Contact		Number		Number
	Information/Communication		EM - Electronic Mail		EM - Electronic Mail
	Number Qualifier		EX - Telephone Extension		EX - Telephone Extension
			FX - Facsimile		FX - Facsimile
			TE - Telephone		TE - Telephone
			WP - Work Phone Number		WP - Work Phone Number
87	Subscriber Benefit Related	2120C -	AD - Admitting	No Current Equivalent	AD - Admitting
	Provider Information/Provider	PRV01	AT - Attending		AT - Attending
	Code		BI - Billing		BI - Billing
			CO - Consulting		CO - Consulting
			CV - Covering		CV - Covering
			H - Hospital		H - Hospital
			HH - Home Health Care		HH - Home Health Care
			LA - Laboratory		LA - Laboratory
			OT - Other Physician		OT - Other Physician
			P1 - Pharmacist		P1 - Pharmacist
			P2 - Pharmacy		P2 - Pharmacy
			PC - Primary Care Physician		PC - Primary Care Physician
			PE - Performing		PE - Performing
			R - Rural Health Clinic		R - Rural Health Clinic
			RF – Referring		RF – Referring
			SB – Submitting		SB – Submitting
			SK - Skilled Nursing Facility		SK - Skilled Nursing Facility
			SU - Supervising		SU - Supervising

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
88		2120C - PRV02	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined	No Current Equivalent	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined
89	Dependent Level/Hierarchical Level Code	2000D - HL03	23 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
90	Dependent Level/Hierarchical Child Code	2000D - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
91	- 1	2000D - TRN01	Current Transaction Trace Numbers Referenced Transaction Trace Numbers	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
92	Dependent Name/Entity Identifier Code	2100D - NM101	03 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
93	Dependent Name/Entity Type Qualifier	2100D - NM102	1 - Person	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
94	Dependent Name/Identification Code Qualifier	2100D - NM108	MI - Member Identification Number ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
95	Dependent Additional Identification/Reference Identification Qualifier		18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number A6 - Employee Identification Number CT - Contract Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identify Card Number IF - Issue Number IG - Insurance Policy Number M7 - Medical Assistance Category N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number Q4 - Prior Identifier Number SY - Social Security Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
96	Dependent Contact Information/Contact Function Code		IC - Information Contact	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
97	Dependent Contact Information/Communication Number Qualifier		HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
98	Dependent Contact Information/Communication Number Qualifier		EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
99	Dependent Contact Information/Communication Number Qualifier		EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
100	Dependent Request Validation/Valid Request Indicator		N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#		Loop –			
"	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
					9 =
101	(Element Name) Dependent Request Validation/Reject Reason Code		15 - Required application data missing 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 58 - Invalid/Missing Date(s) of Service 58 - Invalid/Missing Date(s) of Service 61 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 67 - Patient Not Found		AHCCCS will not use Dependent loop.
			68 - Duplicate Patient ID Number 71 - Patient Birth Date Does Not Match That for the Patient on the Database		
	Validation/Follow -up Action Code	2100D - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
103		2100D - DMG01	D8 - Date Expressed in Format CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
104	Dependent Demographic Information/Dependent Gender Code	DMG03	F - Female M - Male U - Unknown	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
105	Dependent Relationship/Insured Indicator	2100D - INS01	N - No	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Dependent Relationship/Individual Relationship Code		01 - Spouse 19 - Child 21 - Unknown 34 - Other Adult	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
107	Dependent Relationship/Maintenance Type Code	2100D - INS03	001 - Change	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
108	Dependent Relationship/Maintenance Reason Code	2100D - INS04	25 - Change in Identifying Data Elements	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
109	Dependent Relationship/Student Status Code		F - Full-time N - Not a Student P - Part-time	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
110	Dependent Relationship/Handicap Indicator	2100D - INS10	N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1111	Dependent Date/Date Time Qualifier	2100D - DTP01	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
112	Dependent Date/Date Time Period Format Qualifier	2100D - DTP02		AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	·	·	5
113	Dependent Eligibility or Benefit	2110D - EB01	1 - Active Coverage	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Eligibility or Benefit		2 - Active - Full Risk Capitation		
	Information		3 - Active - Services Capitated		
			4 - Active - Services Capitated to Primary		
			Care Physician		
			5 - Active - Pending Investigation		
			6 - Inactive		
			7 - Inactive - Pending Eligibility Update		
			8 - Inactive - Pending Investigation		
			A - Co-Insurance		
			B - Co-Payment		
			C - Deductible		
			CB - Coverage Basis		
			D - Benefit Description		
			E - Exclusions		
			F - Limitations		
			G - Out of Pocket (Stop Loss)		
			H - Unlimited		
			I - Non-Covered		
			J - Cost Containment		
			K - Reserve		
			L - Primary Care Provider		
			M - Pre-existing Condition		
			MC - Managed Care Coordinator		
			N - Services Restricted to Following		
			Provider		
			O - Not Deemed a Medical Necessity		
			P - Benefit Disclaimer		
			Q - Second Surgical Opinion Required		
			R - Other or Additional Payor		
			S - Prior Year(s) History		
			T - Card(s) Reported Lost/Stolen		
			U - Contact Following Entity for Eligibility or Benefit Information		
			V - Cannot Process		
			W - Other Source of Data X - Health Care Facility Y - Spend Down		

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
114	Dependent Eligibility or Benefit	2110D - EB02	CHD - Children Only	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Benefit Coverage		DEP - Dependents Only		
	Level Code		ECH - Employee and Children		
			ESP - Employee and Spouse		
			FAM - Family		
			IND - Individual		
			SPC - Spouse and Children		
			SPO - Spouse Only		

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
115	(Element Name) Dependent Eligibility or Benefit Information/Service Type Code	Element 2110D - EB03	-	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
Las	st Update 9/8/02		47 - Hospital 48 - Hospital - Ippatient Bage 35 of 35 49 - Hospital - Room and Board - Diagnostic Lab	Shade	d areas are new additions from Addenda Oct

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
16	Dependent Eligibility or Benefit	2110D - EB03	Cont'd	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Service Type Code	Cont'd			
			54 - Long Term Care		
			55 - Major Medical		
			56 - Medically Related Transportation		
			57 - Air Transportation		
			58 - Cabulance		
			59 - Licensed Ambulance		
			6 - Radiation Therapy		
			60 - General Benefits		
			61 - In-vitro Fertilization		
			62 - MRI/CAT Scan		
			63 - Donor Procedures		
			64 - Acupuncture		
			65 - Newborn Care		
			66 - Pathology		
			67 - Smoking Cessation		
			68 - Well Baby Care		
			69 - Maternity		
			7 - Anesthesia		
			70 - Transplants		
			71 - Audiology Exam		
			72 - Inhalation Therapy		
			73 - Diagnostic Medical		
			74 - Private Duty Nursing		
			75 - Prosthetic Device		
			76 - Dialysis		
			77 - Otological Ex am		
			78 - Chemotherapy		
			79 - Allergy Testing		
			8 - Surgical Assistance		
			80 - Immunizations		
			81 - Routine Physical		
			82 - Family Planning		
			83 - Infertility		
			84 - Abortion		
			85 - AIDS		
			86 - Emergency Services		
			87 - Cancer		
			88 - Pharmacy		
			89 - Free Standing Prescription Drug		
.as	Update 9/8/02		9 - Other Medical Page 36 of 36 90 - Mail Order Prescription Drug	Shade	d areas are new additions from Addenda Oct 2
			91 - Brand Name Prescription Drug		

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
117	Dependent Eligibility or Benefit		Cont'd	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Service Type Code	Cont'd			
			93 - Podiatry		
			94 - Podiatry - Office Visits		
			95 - Podiatry - Nursing Home Visits		
			96 - Professional (Physician)		
			97 - Anesthesiologist		
			98 - Professional (Physician) Visit - Office		
			99 - Professional (Physician) Visit -		
			Inpatient		
			A0 - Professional (Physician) Visit -		
			Outpatient		
			A1 - Professional (Physician) Visit -		
			Nursing Home		
			A2 - Professional (Physician) Visit - Skilled		
			Nursing Facility		
			A3 - Professional (Physician) Visit - Home		
			A4 - Psychiatric		
			A5 - Psychiatric - Room and Board		
			A6 - Psychotherapy		
			A7 - Psychiatric - Inpatient		
			A8 - Psychiatric - Outpatient		
			A9 - Rehabilitation		
			AA - Rehabilitation - Room and Board		
			AB - Rehabilitation - Inpatient		
			AC - Rehabilitation - Outpatient		
			AD - Occupational Therapy		
			AE - Physical Medicine		
			AF - Speech Therapy		
			AG - Skilled Nursing Care		
			AH - Skilled Nursing Care - Room and		
			Board		
			AI - Substance Abuse		
			AJ - Alcoholism		
			AK - Drug Addiction		
			AL - Vision (Optometry)		
			AM - Frames		
			AN - Routine Exam		
			AO - Lenses		
			AQ - Nonmedically Necessary Physical		
			AR - Experimental Drug Therapy		
_ast	Update 9/8/02		BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric)	Shade	d areas are new additions from Addenda Oct 2
			BC - Day Care (Psychiatric)		

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
118	Dependent Eligibility or Benefit	2110D - EB03	Cont'd	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Service Type Code	Cont'd			
			BH - Pediatric		
			BI - Nursery		
			BJ - Skin		
			BK - Orthopedic		
			BL - Cardiac		
			BM - Lymphatic		
			BN - Gastrointestinal		
			BP - Endocrine		
			BQ - Neurology		
			BR - Eye		
			BS - Invasive Procedures		

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	·	·	
119	Dependent Eligibility or Benefit	2110D - EB04	12 - Medicare Secondary Working Aged	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Insurance Type		Beneficiary or Spouse with Employer		
	Code		Group Health Plan		
			13 - Medicare Secondary End-Stage Renal		
			Disease Beneficiary in the 12 month		
			coordination period with an employer's		
			group health plan		
			14 - Medicare Secondary, No-fault		
			Insurance including Auto is Primary		
			15 - Medicare Secondary Worker's		
			Compensation		
			16 - Medicare Secondary Public Health		
			Service (PHS) or Other Federal Agency		
			41 - Medicare Secondary Black Lung		
			42 - Medicare Secondary Veteran's		
			Administration		
			43 - Medicare Secondary Disabled		
			Beneficiary Under Age 65 with Large		
			Group Health Plan (LGHP)		
			47 - Medicare Secondary, Other Liability		
			Insurance is Primary		
			AP - Auto Insurance Policy		
			C1 - Commercial		
			CO - Consolidated Omnibus Budget Reconciliation Act (COBRA)		
			CP - Medicare Conditionally Primary		
			D - Disability		
			DB - Disability Benefits		
			EP - Exclusive Provider Organization		
			FF - Family or Friends		
			GP - Group Policy		
			HM - Health Maintenance Organization		
			(HMO)		
			HN - Health Maintenance Organization		
			(HMO) - Medicare Risk		
			HS - Special Low Income Medicare		
			Beneficiary		
			IN - Indemnity		
			IP - Individual Policy		
			LC - Long Term Care		
			LD - Long Term Policy		
Las	Update 9/8/02		LI - Life Insurance Page 39 of 39 LT - Litigation	Shaded	areas are new additions from Addenda Oct

Final DRAFT

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	•	·	5
120	Dependent Eligibility or Benefit		Cont'd	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	, ,	Cont'd	NAA Masiisana Danta		
	Code		MA - Medicare Part A		
			MB - Medicare Part B MC - Medicaid		
			MH - Medigap Part A		
			MI - Medigap Part B		
			MP - Medicare Primary		
			OT - Other		
			PE - Property Insurance - Personal		
			PL - Personal		
			PP - Personal Payment (Cash - No		
			Insurance)		
			PR - Preferred Provider Organization (PPO)		
			PS - Point of Service (POS)		
			QM - Qualified Medicare Beneficiary		
			RP - Property Insurance - Real		
			SP - Supplemental Policy		
			TF - Tax Equity Fiscal Responsibility Act		
			(TEFRA)		
			WC - Workers Compensation		
			WU - Wrap Up Policy		
	Dependent Eligibility or Benefit			AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Time Period		21 - Years		
	Qualifier		22 - Service Year		
			23 - Calendar Year		
			24 - Year to Date		
			25 - Contract		
			26 - Episode		
			27 - Visit		
			28 - Outlier		
			29 - Remaining 30 - Exceeded		
			31 - Not Exceeded		
			32 - Lifetime		
			33 - Lifetime Remaining		
			_		
1					
			34 - Month 35 - Week 36 - Admission 6 - Hour 7 - Day		

Last Update 9/8/02

Page 40 of 40

Shaded areas are new additions from Addenda Oct 2001

#	Codo ou Valua Cat	Loop –	LUDAA Values 9 Descriptions	AUCCCS Values & Descriptions	Manuina Decision
	Code or Value Set	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
122	(Element Name) Dependent Eligibility or Benefit Information/Quantity Qualifier		CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
123	Dependent Eligibility or Benefit Information/Authorization or Certification Indicator	2110D - EB11	YY - Years N - No U - Unknown Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
124	Dependent Eligibility or Benefit Information/In Plan Network Indicator	2110D - EB12	N - No U - Unknown Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	·	·	5
125	Dependent Eligibility or Benefit	2110D - EB13	AD - American Dental Association Codes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Information/Product or Service		CJ - Current Procedural Terminology (CPT)		·
	ID Qualifier		Codes		
			HC - Health Care Financing Administration		
			Common Procedural Coding System		
			(HCPCS)		
			Codes		
			ID - International Classification of Diseases		
			Clinical Modification (ICD-9-CM) -		
			Procedure		
			IV – Home Infusion EDI Coalition (HIEC)		
			Product/Service Code.		
			This code set is not allowed for use under		
			HIPAA at the time of this writing. The		
			qualifier can only be used:		
			1) If a new rule names HIEC as an		
			allowable code set under HIPAA.		
			2) For Property & Casualty		
			claims/encounters that are not covered under HIPAA.		
			Code Source 513: Home Infusion EDI		
			Coalition (HIEC) Product/Service Code List		
			N4 – National Drug Code in 5-4-2 Format		
			Code Source 240: National Drug Code by		
			Format		
			ZZ - Mutually Defined		
126	Health Care Services	2110D -	•	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
_	Delivery/Quantity Qualifier	HSD01	FL - Units	A TOO OO WIII THOU GOO DOPONGOTIK TOOP.	7 % 10000 Will flot doo Boporidonic loop.
			HS - Hours		
			MN - Month		
			VS - Visits		
127	Health Care Services	2110D -	DA - Days	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Delivery/Unit or Basis for	HSD03	MO - Months		· ' '
	Measurement Code		VS - Visit		
			WK - Week		
			YR - Years		

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
128	Health Care Services	2110D -	21 - Years	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Delivery/Time Period Qualifier	HSD05	22 - Service Year		
			23 - Calendar Year		
			24 - Year to Date		
			25 - Contract		
			26 - Episode		
			27 - Visit		
			28 - Outlier		
			29 - Remaining		
			30 - Exceeded		
			31 - Not Exceeded		
			32 - Lifetime		
			33 - Lifetime Remaining		
			34 - Month		
			35 - Week		
			6 - Hour		
			7 - Day		

#		Loop –			
	Code or Value Set (Element Name)	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
129	Health Care Services	2110D -	1 - 1st Week of the Month	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Delivery/Delivery Frequency	HSD07	2 - 2nd Week of the Month		
	Code		3 - 3rd Week of the Month		
			4 - 4th Week of the Month		
			5 - 5th Week of the Month		
			6 - 1st & 3rd Weeks of the Month		
			7 - 2nd & 4th Weeks of the Month		
			8 - 1st Working Day of Period		
			9 - Last Working Day of Period		
			A - Monday through Friday		
			B - Monday through Saturday		
			C - Monday through Sunday		
			D - Monday		
			E - Tuesday		
			F - Wednesday		
			G - Thursday		
			H - Friday		
			J - Saturday		
			K - Sunday		
			L - Monday through Thursday		
			M - Immediately		
			N - As Directed		
			O - Daily Mon. through Fri.		
			P - 1/2 Mon. & 1/2 Thurs.		
			Q - 1/2 Tues. & 1/2 Thurs.		
			R - 1/2 Wed. & 1/2 Fri.		
			S - Once Anytime Mon. through Fri.		
			SG - Tuesday through Friday		
			SL - Monday, Tuesday and Thursday		
			SP - Monday, Tuesday and Friday		
			SX - Wednesday and Thursday		
			SY - Monday, Wednesday and Thursday		
			SZ - Tuesday, Thursday and Friday		
		1	T - 1/2 Tue. & 1/2 Fri.		
			U - 1/2 Mon. & 1/2 Wed.		
			V - 1/3 Mon., 1/3 Wed., 1/3 Fri.		
			W - Whenever Necessary		
		1	X - 1/2 By Wed., Bal. By Fri.		
			Y - None (Also Used to Cancel or Override		
		1	a Previous Pattern)		

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element	•	·	5
130	Health Care Services	2110D -	A - 1st Shift (Normal Working Hours)	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Delivery/Delivery Pattern Time	HSD08	B - 2nd Shift		
	Code		C - 3rd Shift		
			D - A.M.		
			E - P.M.		
			F - As Directed		
			G - Any Shift		
			Y - None (Also Used to Cancel or Override		
			a Previous Pattern)		
131		2110D - REF01		AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Identification/Reference		1L - Group or Policy Number		
	Identification Qualifier		1W - Member Identification Number		
			49 - Family Unit Number		
			6P - Group Number 9F - Referral Number		
			A6 - Employee Identification Number		
			F6 - Health Insurance Claim (HIC) Number		
			G1 - Prior Authorization Number		
			IG - Insurance Policy Number		
			N6 - Plan Network Identification Number		
			NQ - Medicaid Recipient Identification		
			Number		
132	Dependent Eligibility/Benefit	2110D - DTP01	193 - Period Start	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Date/Date Time Qualifier		194 - Period End	· · ·	' '
			198 - Completion		
			290 - Coordination of Benefits		
			292 - Benefit		
			295 - Primary Care Provider		
			304 - Latest Visit or Consultation		
			307 - Eligibility		
			318 - Added		
			348 - Benefit Begin		
			349 - Benefit End		
			356 - Eligibility Begin		
			357 - Eligibility End 435 - Admission		
			435 - Admission 472 - Service		
			636 - Date of Last Update		
			771 - Status		
	1	<u> </u>	111 Otatus		

#	Code or Value Set	Loop –	LIDAA Voluse 9 Decerintions	AUCCCS Values & Descriptions	Manning Decision
	(Element Name)	Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
133	Dependent Eligibility/Benefit Date/Date Time Period Format Qualifier		D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
134	· ·		N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
135	Dependent Request Validation/Reject Reason Code		15 - Required application data missing 52 - Service Dates Not Within Provider Plan Enrollment 53 - Inquired Benefit Inconsistent with Provider Type 54 - Inappropriate Product/Service ID Qualifier 55 - Inappropriate Product/Service ID 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 69 - Inconsistent with Patient's Age 70 - Inconsistent with Patient's Gender		AHCCCS will not use Dependent loop.
	Validation/Follow -up Action Code	AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Dependent Eligibility or Benefit Additional Information/Code List Qualifier Code		BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
138	Dependent Benefit Related Entity Name/Entity Identifier Code	2120D - NM101	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
139	Dependent Benefit Related Entity Name/Entity Type Qualifier	2120D - NM102	1 - Person 2 - Non-Person Entity	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#		Loop –			
	Code or Value Set	Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	(Element Name)	Element			
140		2120D - NM108	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number MI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.		AHCCCS will not use Dependent loop.
141	Dependent Benefit Related Entity City/State/ZIP Code/Location Qualifier	2120D - N405	ZZ - Mutually Defined RJ - Region	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Entity Contact Information/Contact Function Code		IC - Information Contact	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
143	Dependent Benefit Related Entity Contact Information/Communication Number Qualifier		ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

#	Code or Value Set	Loop – Segment -	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
144	(Element Name) Dependent Benefit Related	Element 2120D - PER05	ED - Electronic Data Interchange Access	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Entity Contact		Number		
	Information/Communication		EM - Electronic Mail		
	Number Qualifier		EX - Telephone Extension		
			FX - Facsimile		
			TE - Telephone		
			WP - Work Phone Number		
145	Dependent Benefit Related	2120D - PER07	ED - Electronic Data Interchange Access	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Entity Contact		Number		
	Information/Communication		EM - Electronic Mail		
	Number Qualifier		EX - Telephone Extension		
			FX - Facsimile		
			TE - Telephone		
			WP - Work Phone Number		
146	Dependent Benefit Related	2120D -	AD - Admitting	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
	Provider Information/Provider		AT - Attending		
	Code		BI - Billing		
			CO - Consulting		
			CV - Covering		
			H - Hospital		
			HH - Home Health Care		
			LA - Laboratory		
			OT - Other Physician		
			P1 - Pharmacist		
			P2 - Pharmacy		
			PC - Primary Care Physician		
			PE - Performing		
			R - Rural Health Clinic		
			RF – Referring		
			SB – Submitting		
			SK - Skilled Nursing Facility		
			SU - Supervising		

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
147		2120D - PRV02	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
148	Transaction Set Trailer/Transaction Segment Count	- SE01		No Current Equivalent	
149	Transaction Set Trailer/Transaction Set Control Number	- SE02		No Current Equivalent	